



Attachment 1 to Government's Sentencing Memo

Case Report Compact



Print Date/Time: 02/04/2022 07:36
 Login ID: bytwerkd
 Case Number: 2020-01280065

ORI Number:

Ottawa Co Sheriff's Office
 MI7017000

Case Details:

Case Number:	2020-01280065	Incident Type:	Criminal Sexual Conduct
Location:	15075 STATE RD Spring Lake Twp, MI 49456	Occurred From:	01/24/2020 22:30
		Occurred Thru:	01/25/2020 07:15
		Reported Date:	01/28/2020 11:56 Tuesday
Reporting Officer ID:	550-lppel	Status:	Closed
	Disposition: Denied	Status Date:	03/03/2020
		Disposition Date:	03/04/2020
Assigned Bureau:	Detective Bureau		

Case Assignments:

Assigned Officer	Assignment Date/Time	Assignment Type	Assigned By Officer	Due Date/Time
635-Anderson	01/30/2020 00:00	Assigned Case - Primary	500-Baum	

Modus Operandi

Disrobed / Fully
 Used Physical Force

Solvability Factors

DB Review

Weight

0.000

Total: 0.000

Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	State	11001	1171	CSC - Penetration - Penis/Vagina - 1st Degree	1

Offense # 1

Group/ORI: State	Crime Code: 11001	Statute: 1171	Counts: 1	Attempt/ Commit Code: Completed
Description: CSC - Penetration - Penis/Vagina - 1st Degree				Offense Date: 01/24/2020
NCIC Code: 1171	Scene Code: 20 - Residence/Home			Bias/Motivation: None
Gang Related: No	IBR Seq. No: 1			

Offender Suspected of Using

Alcohol: No
Drugs: No
Computer: No

Evidence Collected**Criminal Activity**

None/Unknown

Tools Used**Security Systems****Weapon Code : None (Offense)****Subjects**



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Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Police Officer	1	Zeerip 1086, Deputy Timothy	12220 FILLMORE ST Olive Twp, MI 49460	(616)738-4000	White	Male	
Police Officer	2	Ippel 550, Deputy Scott	12220 FILLMORE ST Olive Twp, MI 49460	(616)738-4000	White	Male	
Police Officer	3	K k 155, Sergeant Jason	12220 FILLMORE ST Olive Twp, MI 49460	(616)738-4000			
Police Officer	4	Anderson 635, Detective Allison	12220 FILLMORE ST	(616)738-4000	White	Female	
Suspect	1	Noel, Austin Thomas	[REDACTED]	[REDACTED]	White	Male	[REDACTED]
Victim	1	[REDACTED], E [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	24
			[REDACTED]				23

Subject # 1-Police Officer

Primary: No
Name: Zeerip 1086, Deputy Timothy
Address: 12220 FILLMORE ST
Olive Twp MI 49460
Primary Phone: (616)738-4000

Race: White Sex: Male

State:

Domestic Violence Referrals:

Modus Operandi

Subject # 2-Police Officer

Primary: No
Name: Ippel 550, Deputy Scott
Address: 12220 FILLMORE ST
Olive Twp MI 49460
Primary Phone: (616)738-4000

Race: White Sex: Male

State:

Domestic Violence Referrals:

Modus Operandi

Subject # 3-Police Officer

Primary: No
Name: Kik 155, Sergeant Jason
Address: 12220 FILLMORE ST
Olive Twp MI 49460
Primary Phone: (616)738-4000

State:

Domestic Violence Referrals:

Modus Operandi

Subject # 4-Police Officer

Primary: No
Name: Anderson 635, Detective Allison
Address: 12220 FILLMORE ST
Olive Twp MI 49460
Primary Phone: (616)738-4000

Race: White Sex: Female

State:

Domestic Violence Referrals:

Modus Operandi



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Subject # 1-Suspect

Primary: No
Name: Noel, Austin Thomas
Address: [REDACTED]

Suspect Type: Suspect
Race: White
Height: 5ft 8 in
Eyes: Hazel
DVL #: [REDACTED]
Sex: Male
Weight: 160.0 lbs.
Hair: Brown
State: MI

DOB: [REDACTED]
Age: 24

Primary Phone: [REDACTED]

Resident Status: Resides in County

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	11001	1171	CSC - Penetration - Penis/Vagina - 1st Degree

Domestic Violence Referrals:**Modus Operandi****Subject # 1-Victim**

Primary: No
Name: [REDACTED]
Address: [REDACTED]

Victim Type: Individual
Race: White
Height: 5ft 7 in
Eyes: Hazel
DVL #: [REDACTED]
Sex: Female
Weight: 145.0 lbs.
Hair: Brown
State: [REDACTED]

DOB: [REDACTED]
Age: 23

Primary Phone: [REDACTED]

Resident Status: Resides in State

Statement Type: Written

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	11001	1171	CSC - Penetration - Penis/Vagina - 1st Degree

Victim/Offender Relationship

No.	Type	Name	Relationship
1	Suspect	Noel, Austin Thomas	Victim was Acquaintance

Domestic Violence Referrals:

Condition: No Apparent Injury

Medical Treatment: Other

Injury Types

Possible Internal Injury

Modus Operandi**Arrests**

Arrest No.	Name	Address	Date/Time	Type	Age
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Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
02/20/2020	Evidence	88 - Other			CSC Kit Victim	2020-01280065	2
01/29/2020	Evidence	06 - Clothes/Furs			Victim panties	2020-01280065	1



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Seq #2

Tag Number: 2020-01280065 **Item Number:** 2
Property Codes: **Property Type:** 88 - Other **Property Class:** Other **Date Received:** 02/20/2020
 Evidence

Description: CSC Kit Victim D [REDACTED] 20-01280065

Chain of Custody

Date	Transaction	From	From Role	To	To Role
02/20/2020 17:03	Type: Intake Code: Initial Collection - Field Remarks:	194-Mark Bennett		1245-James Geuder	
02/21/2020 11:18	Type: Release Code: Lab Expected Return Date: Remarks:	1245-James Geuder	Property Officer	MSP GR Crime Lab	Lab
04/10/2020 14:00	Type: Intake Code: Returned From Lab Remarks:	1245-James Geuder	Property Officer	1245-James Geuder	Property Officer

Seq #1

Tag Number: 2020-01280065 **Item Number:** 1
Property Codes: **Property Type:** 06 - Clothes/Furs **Property Class:** Clothing/Furs/Accessories **Date Received:** 01/29/2020
 Evidence

Description: Victim panties

Officer Remarks: rec'd 01-29-20

Chain of Custody

Date	Transaction	From	From Role	To	To Role
01/29/2020 10:55	Type: Intake Code: Initial Collection - Field Remarks:	155-Jason Kik		1245-James Geuder	
02/01/2020 08:32	Type: Release Code: Transport Expected Return Date: Remarks:	640-Matthew Wildfong	Supervisor	1245-James Geuder	Property Officer
02/03/2020 12:06	Type: Intake Code: Initial Intake Remarks:	HQ-26 1245-James Geuder	Property Officer	1245-James Geuder	Property Officer

Vehicles

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
1	Suspect Vehicle	Automobile	2020	Subaru	Forrester	Red	DV3224A	MI
Vehicle # 1								
Type:	Automobile	Year:	2020	Make:	Subaru	Model:	Forrester	
Color:	Red	License Plate:	DV3224A	State:	MI			
Date/Time:	01/28/2020 23:17	Location:	[REDACTED]					

2/21/20 GHPA copy of report w/LEIN elec sent requesting warrant on Austin Thomas Noel for CSC - Penetration - Penis/Vagina - 1st Degree.

2/25/20 GHPA Supp Dict by Det. Anderson Job # 186105 elec sent.

03/03/20 GHPA lab submission report elec sent.

3/12/20 GHPA Copy of Medical Docs elec sent.



OTTAWA COUNTY SHERIFF'S OFFICE
2/24/20

20-01280065

Supplemental Dictation by Detective Anderson #635
Job #186105

SUPPLEMENTAL INFORMATION:

The search warrant results received from Tinder / Match.com were password protected. The document received was uploaded to the digital evidence storage system. The password to access that document in digital evidence storage is TIN_#dya8y81y8d.

STATUS:

Turned over to Prosecutor.



Prosecutor Memo

02/24/2020 Warrant denied by Prosecutor. See memo for details.



OTTAWA COUNTY SHERIFF'S OFFICE
03/03/2020

20-01280065

Case Status by Detective Anderson #635
Job #186247

PROSECUTOR MEMO:

I received a Prosecutor's memo dated 02/24/2020 signed by Assistant Prosecuting Attorney John Scheuerle. The memo indicated that no warrant was authorized on Austin Thomas Noel.

STATUS:

Closed.



Nurse Examiner Program

NEP Case Number

LE Complaint Number: 20-01280065

Date examined: _____

Location of Assault: _____

Patient Name: _____

Suspect Name: _____

Investigator: _____

Warrant Issued: Yes ☐ No ☐

Charged With: _____

Prosecutor issuing warrant: _____

Preliminary Hearing Disposition: ☐ Bound over for trial

☐ Waived

☐ Dismissed

☐ Pled to☐ Other

Prosecutor at Preliminary: _____

Case closed out as: _____

Please **FAX to 616 559-3026**. It would be helpful if initially you could FAX the warrant status and then again after the prelim or after closing the case.

Thanks.

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 MICHIGAN STATE POLICE, Forensic Science Division
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Track Kit
 2-12-20

D. Authorization for Release to Law Enforcement or Storage Without Release to Law Enforcement

INFORMATION ABOUT RELEASE FOR PATIENTS (Health provider review with patient)

- You do not have to sign this release and you are not required to release the evidence kit, information, or other items listed below.
- You have the right to revoke this release at any time, provided you do so in writing to the health provider listed below. However, once the evidence kit, information, or other items listed below have been transferred to law enforcement, the health provider can no longer get them back.
- If you decide to release the evidence kit and information listed below, it can be reviewed by the investigating law enforcement agency, the prosecuting attorney, the Michigan State Police Forensic Laboratory, or other crime laboratory. These organizations are not health care providers covered by federal health privacy regulations and are governed by other rules.
- If you decide not to release the evidence kit, this health provider is required to store the evidence kit for a minimum of one year. However, under very rare circumstances your health provider may be required by law to release the sexual assault evidence kit to law enforcement without your permission (for example, in response to a court order).
- You may ask the health provider to inspect or receive a copy of any records disclosed under this authorization.

COMPLETE AND INITIAL CHOICE A OR B

A ☒ **PATIENT WISHES TO RELEASE THE SEXUAL ASSAULT EVIDENCE KIT AND SELECTED ITEMS** GD
 (Patient Initials)

I, ED [REDACTED], authorize YWCA NER
 (Name of Patient) (Name of Healthcare Facility Providing Exam)

to disclose and release the following items noted below with my initials for the purposes of criminal investigation and to assist in the prosecution of the person or persons responsible for the crime. This authorization expires one year after the date of release. Items released to the below recipients during that one year period can be used until the final adjudication of the criminal case.

I authorize the release of the following information and items: (patient initial each)

☒ Sexual assault evidence kit contents and included record
☐ Urine and/or blood for toxicology
☐ Photographs
☐ Clothing/Other _____

Recipients of my health and medical information and items:

- Law Enforcement Agency (name of agency if known): Ottawa City Sheriff Dept
- Prosecuting Attorney's Office for County of (name of county if known): Ottawa
- Michigan State Police Forensic Laboratories or Other Appropriate Forensic Laboratory

OR

B ☐ **PATIENT DOES NOT WISH TO RELEASE THE SEXUAL ASSAULT EVIDENCE KIT AT THIS TIME** _____
 (Patient Initials)

- The sexual assault evidence kit will be stored until (date-minimum of one year): _____
- If you decide to release the evidence kit prior to the above date, you should contact (instructions for contacting provider): _____

SIGNATURE

The signature below documents my intent to release the sexual assault evidence kit as indicated above:

Patient Signature [REDACTED] Date 2-12-20

Parent/Guardian Signature (if required) _____ Relationship _____

Witness Signature [REDACTED] Date 2-12-20

White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

Goldenrod—Patient

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MICHIGAN STATE POLICE, Forensic Science Division

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AUTHORITY: MCL 333.21527, MCL 752.933-752.935.
COMPLIANCE: Voluntary

PATIENT/EXAMINER INFORMATION

Patient Name: E [REDACTED] D [REDACTED]
Address: [REDACTED]
Date of Birth: [REDACTED] Sex: f
Date of Examination: 1/27/2020 Time of Examination: 10:00 Am
MR/Case Number: 20-018
Phone Number: [REDACTED]
Contact Number: [REDACTED]
Contact Instructions: May leave message
Ethnicity/Race: Caucasian

A. Information for Patient (Health provider review with patient)

- ☒ Patient has signed appropriate consent for treatment provided by the health facility (not included here).
- ☒ The patient has been told that she or he is **not** required to participate in the criminal justice system or cooperate with law enforcement as a condition of receiving treatment and/or evidence collection.
- ☒ Patients understands that receiving an exam, treatment, and/or evidence collection is voluntary and that she/he may stop the exam at any point in time and still receive medical attention if the patient chooses.
- ☒ The patient has received a copy of the booklet "Important Health Information for You" (provided in evidence collection kit).
- ☒ Information about **SAFE Response** and examination payment options has been explained to the patient (provided in evidence collection kit).

MEDICAL HISTORY

B. General medical history

Allergies: NKDA
Current medications (including contraception):
Abilify, Effector, Lamitral
General medical history: Depression and anxiety
Last tetanus immunization: <5 years

Disability: ☒ No ☐ Yes, comments:
Recent treatments, including last OBGYN exam, describe: "2016 Yearly exam"
Surgeries, procedure/date: None
Last menstrual period: 11/2019 "they have always been irregular" aginal Deliveries w/in previous 6 months? ☒ No ☐ Yes Date:
Consensual coitus in last 120 hours? ☒ No ☐ Yes: (Date) If yes, condom use? ☐ No ☐ Yes ☒ N/A

C. History of chief complaint/assault

Date of Assault: 1/24/2020 Time of Assault: 11pm
Brief history of assault (include loss of memory or lapse of consciousness and/or alcohol/drugs used):

Pt was very pleasant during the exam. Pt stated, "I met this guy on Tinder, we talked about 2 days before meeting. He wanted to meet me. I was hesitant as he lives in Grand Haven. I decided to meet him so I went to his house. When I got there he gave me a beer. I set the rules right away that I did not want to have sex. I have been lonely alot and just want to have company and maybe my own person to care about me. That is why I met up with him. We started kissing and that was ok. Then he started touching me on my chest and thighs. He then started taking my clothes off. He took his clothes off. He stood up and told me to sit down on his bed. When I did he grabbed my head and my my head down on him (claification, penis) and made me give him oral sex. He wanted me to deep throat him. Then I stood up and he told me to bend over and he stuck his penis in my anal area. Then I was on my stomach. He was straddling me and kept giving me anal sex. It was hurting me. He kept asking me if I liked it. At some point he grabbed my throat and tried to choke me. I couldn't speak or breath for a few seconds. He was still inside me and turned me on my back. He was rubbing his penis all ove my vagina. It (penis) never went in. He told me he wanted to cum on my face. I said no and he asked me where I wanted it then. I just told him my chest. He came and then got up grabbed a towel. I did stay the night there. We woke up next day around noon. I left. When I got home he had deleted all of our conversations."

-----D.Decator RN

White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

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MICHIGAN STATE POLICE, Forensic Science Division

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Patient Name: E [REDACTED] D [REDACTED]

MR/Case Number: 20-018

Patient Alcohol and/or Drug Use at time of Assault: "I had a beer before "

Multiple Assaultants: ☐ Unknown ☒ No ☐ Yes (#) _____ Assaultant(s) Gender (number if known): X M F Unknown

Relationship of Assaultant(s): "Stranger, this was my first date, I met him on the dating app Tinder."

Assailant(s) Details (include name(s), if known):

"Austin Caucasian"

Weapon(s) used/threatened/present: None

Location of Assault: "His place"

Patient Position During Assault (Check all that apply): ☐ Prone ☐ Supine ☐ Kneeling ☐ Unknown ☒ Other "bent over"**D. Acts described by patient**

Acts described by patient	Yes	No	Unknown	Attempted	Patient statements
Fondling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	" my chest"
Licking/Kissing/Suction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	" He used force when grabbing my throat"
Restraint / Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Strangulation (see pg. 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strangulation worksheet provided and reviewed.
Vulvar penetration/contact:					
Penis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Digital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foreign object use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anal penetration/contact:					
Penis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Digital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foreign object use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ejaculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where: "On the front of me"
Oral contact to genitals:					
Patient on assailant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assailant on patient	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral contact to anal area:					
Patient on assailant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assailant on patient	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lubricant used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condom used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient clothing removed during assault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient clothing items missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injury to assailant (scratching)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

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Patient Name: E [REDACTED] D [REDACTED]

MR/Case Number: 20-018

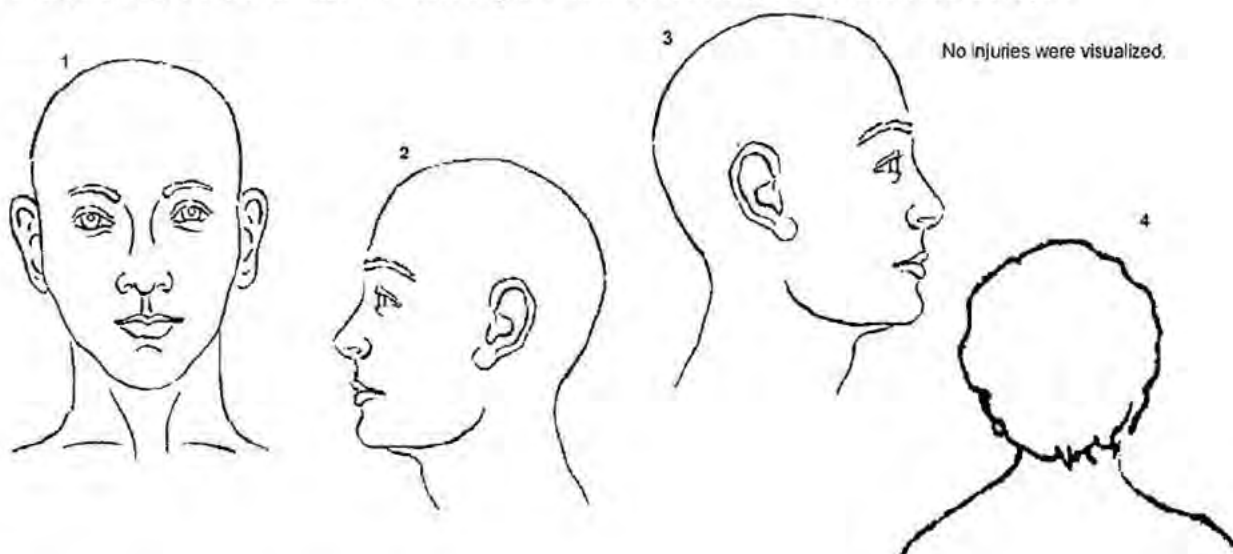
E. Symptoms since assault

Physical pain/psychological/emotional/ ADL impairment/other

Denies any pain. Pt stated "I am feeling so confused and this has me shook-up alot" Pt was alert, pleasant and interactive during exam.

F. Post assault activity/hygiene

No	Post assault activity	Yes	Patient Statements	Unknown
<input type="checkbox"/>	Urinated	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Defecated	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Genital wash/wipe	<input type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Douche	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Bath/shower	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Brushed teeth	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Vomited	<input type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Smoked	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Drank/ate	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Use of intravaginal product	<input type="checkbox"/>	Specify:	<input type="checkbox"/>
<input type="checkbox"/>	Clothing change/missing	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>		<input type="checkbox"/>

PHYSICAL EXAMINATION/ASSESSMENT**G. General physical assessment**Pulse 89 Respiration 16 Blood pressure 106/68 Temperature 98.1 Weight 155**H. Head, neck, and oral examination:** Please diagram, measure, and describe areas of patient trauma and pain.**I. Strangulation assessment** ☐ No ☒ Yes ☐ N/A

Breathing Changes	Voice Changes	Swallowing Changes	Physical	Behavioral Changes	Other
<input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Hyperventilation <input checked="" type="checkbox"/> Unable to breath <input type="checkbox"/> Other:	<input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input checked="" type="checkbox"/> Unable to speak	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting	<input type="checkbox"/> Petechiae eye <input type="checkbox"/> Contusion/Bruise <input type="checkbox"/> Ligature marks <input type="checkbox"/> Other: _____ Note on body map	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Dizzy <input type="checkbox"/> Headaches <input type="checkbox"/> Urinated <input type="checkbox"/> Defecated

Pt stated, "When he grabbed my throat, I couldn't breath or speak." Assessment completed, signs and symptoms negative unless box checked."

White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

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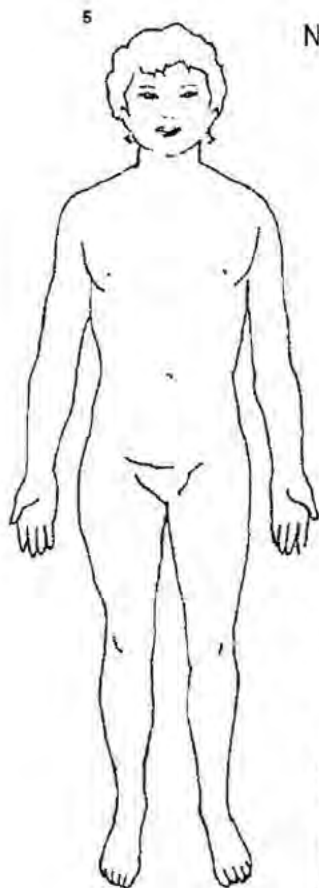
Patient Name: E D

MR/Case Number: 20-018

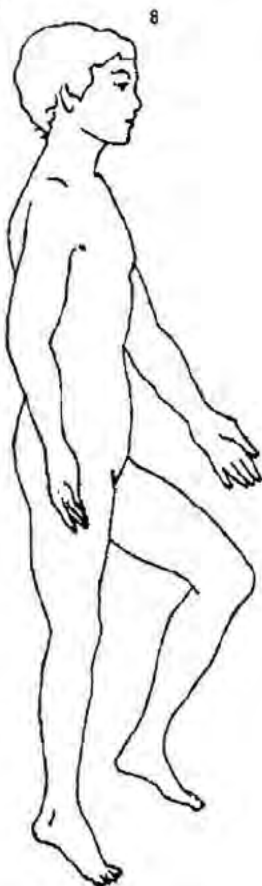
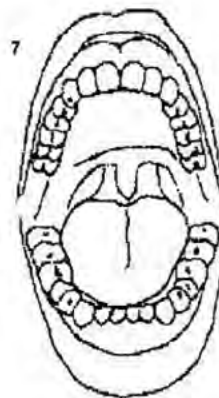
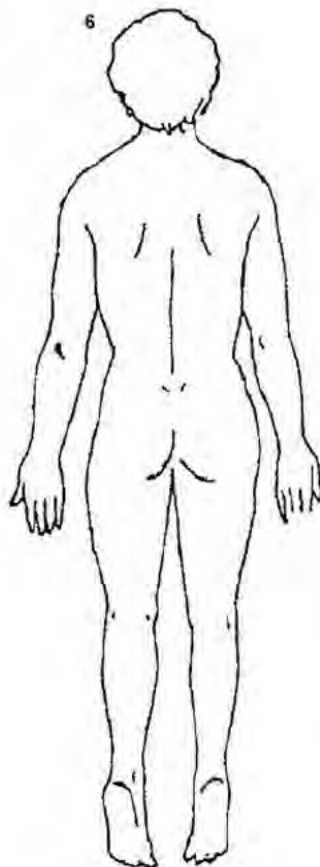
J. Physical Assessment Body Maps: Please diagram, measure, and describe areas of patient trauma, pain, and alternate light source findings (if used) on the maps below.

Sexual Maturation Stage/Tanner Stage: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5

No oral trauma visualized.



No injury visualized.



White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

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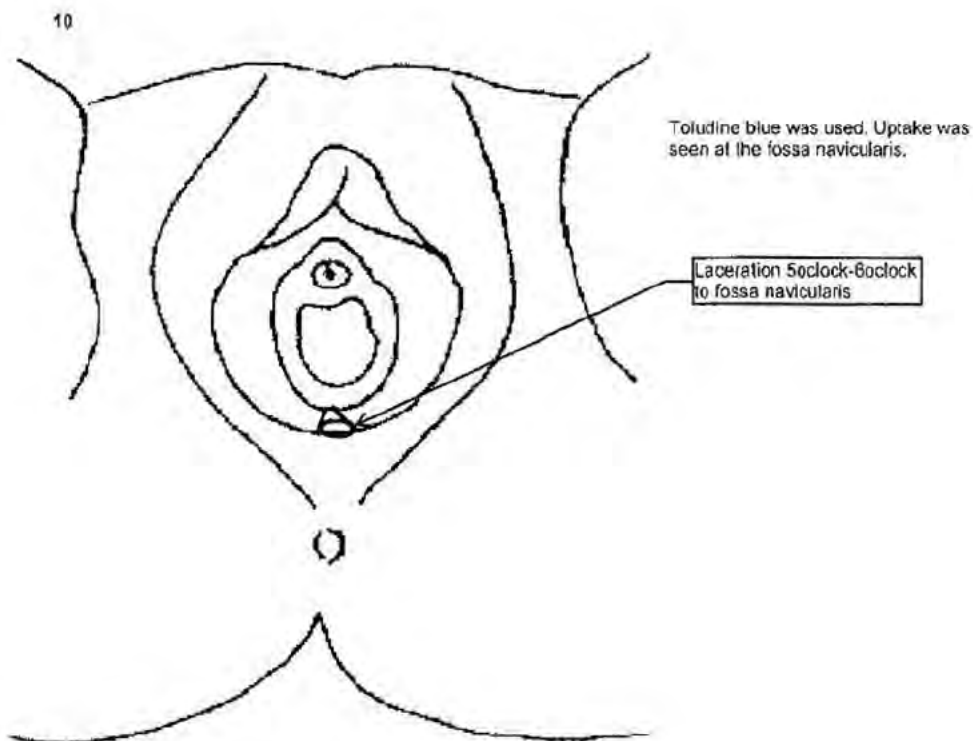
Patient Name: E D

MR/Case Number: 20-018

K. Detailed Anogenital Examination Female Patient: ☐ N/A

No Trauma	Anogenital Structure	Trauma Identified (describe and document on body map)
<input checked="" type="checkbox"/>	Anus	
<input type="checkbox"/>	Rectum	Not Visualized
<input checked="" type="checkbox"/>	Vulva:	
<input checked="" type="checkbox"/>	Vestibule/Periurethral/ Clitoris/Clitoral hood	
<input checked="" type="checkbox"/>	Perineum	
<input checked="" type="checkbox"/>	Labia majora	
<input checked="" type="checkbox"/>	Labia minora	
<input checked="" type="checkbox"/>	Posterior fourchette	
<input type="checkbox"/>	Fossa navicularis	See below for injury description
<input type="checkbox"/>	Hymen	
<input type="checkbox"/>	Vagina	Patient declined speculum exam, no visualization. Swabs collected.
<input type="checkbox"/>	Cervix	Pt declined speculum exam. Cervix not visualized.

Please diagram, measure, and describe areas of patient trauma, pain, alternate light source findings, and Toluidine Blue positive areas (if used) on the maps below.



White--Medical Records

Yellow--Place in Kit

Pink--Law Enforcement

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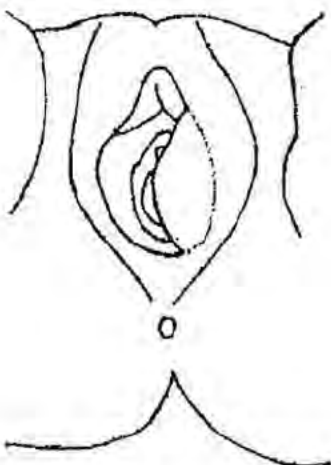
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Patient Name: E D

MR/Case Number: 20-018

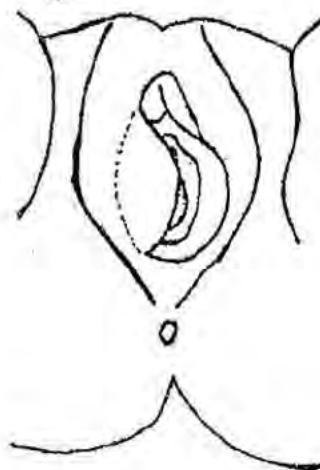
Detailed Anogenital Examination Female Patient Continued: Please diagram, measure, and describe areas of patient trauma, pain, alternate light source findings, and Toluidine Blue positive areas (if used) on the maps below.

11

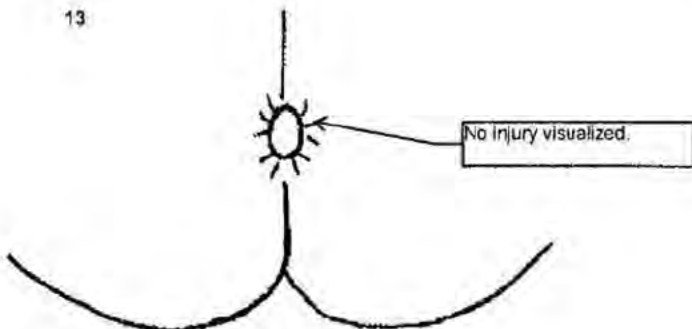


See page 5.

12

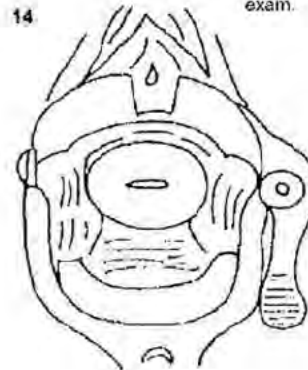


13



PI declined speculum exam.

14



White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

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Female exam

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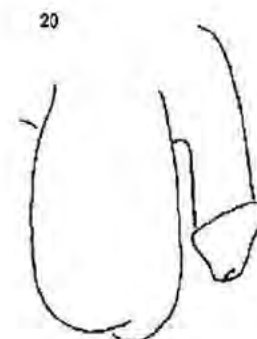
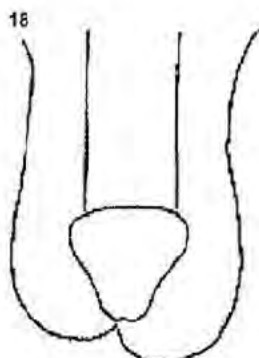
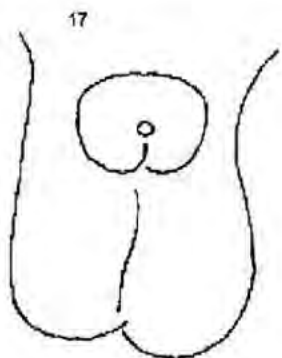
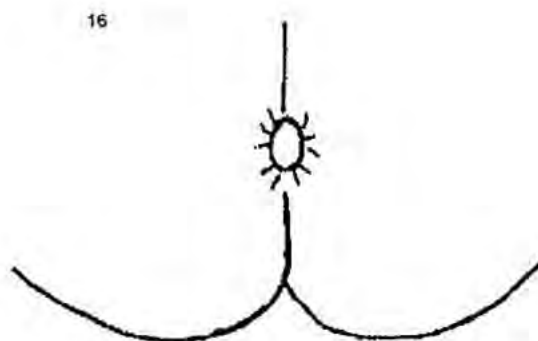
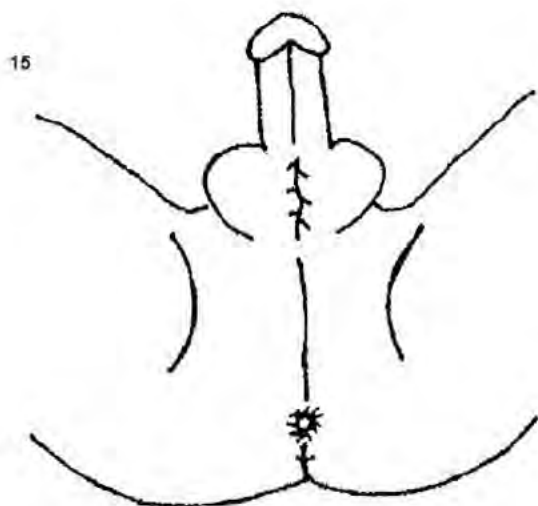
Patient Name: E [REDACTED] D [REDACTED]

MR/Case Number: 20-018

L. Detailed Anogenital Examination Male Patient: ☐ Circumcised ☐ Uncircumcised ☒ N/A

No Trauma	Anogenital Structure	Trauma Identified (describe and document on body map)
<input type="checkbox"/>	Anus	
<input type="checkbox"/>	Rectum	
<input type="checkbox"/>	Glans Penis	
<input type="checkbox"/>	Periurethral area	
<input type="checkbox"/>	Penis (shaft)	
<input type="checkbox"/>	Scrotum	

Please diagram, measure, and describe areas of patient trauma, pain, alternate light source findings, and Toluidine Blue positive areas (if used) on the maps below.



White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

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Patient Name: E D

MR/Case Number: 20-018

M. Diagnostic/Treatment(s) Provided and/or Recommended:

Diagnosis: Medical forensic evaluation for sexual assault/abuse

Other: _____

Pregnancy Test: ☐ Positive

☒ Negative

☒ Not Indicated: _____

Other diagnostics, describe: _____

Analgesia / Other	Time/Dose	Response to treatment
Ibuprofen, PO		
Acetaminophen, PO		
Anti-emetics:		
Tetanus:		
Other:		

Emergency Contraception	Time/Dose	Comments
Not indicated		
Declined		
Levonorgestrel PO 1.5 mg (Plan B/Next Choice, etc.)	12:00	1.5mg PO - tolerated well
Other:		

STI Prophylaxis	Time/Dose	Comments
Ceftriaxone (Rocephin) 250 mg, IM		
Metronidazole (Flagyl) 2 gm, PO		
Azithromycin (Zithromax) 1 gm, PO	12:00 pm	1gm po, tolerated well
Cefixime (Suprax) 400mg, PO	12:00 pm	400mg po pt tolerated well.
Doxycycline 100 mg, PO BID x 7 days		
Other:		
Other:		

Other treatments discussed or recommended (including referral for emergency evaluation): _____

See below

Medical follow-up referral information discussed with and given to patient: ☐ No ☒ Yes

Applicable aftercare, resources and referrals discussed with and given to patient: ☐ No ☒ Yes

Discharge safety discussed with patient: ☐ No ☒ Yes

Discharge instructions provided with pt understanding. Reviewed strangulation instructions. Provided patient worksheet to take to hospital for Npep. Safety plan discussed. Pt stated, "I am fine, he doesn't know where I live. I also have some support persons that will help me." Encouraged patient to call NEP for any further questions or concerns. Pt ambulated out of NEP without difficulty. _____DD

White—Medical Records

Yellow—Place In Kit

Pink—Law Enforcement

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Place b
PINK c

Patient Name: E [REDACTED] D [REDACTED] MR/Case Number: 20-018

N. Evidence collection kit used: ☐ No ☒ Yes Comments: _____**FORENSIC SPECIMEN COLLECTION****Forensic Specimen or Items and PLACED in the Kit****Patient Reference Samples:**

- ☐ Reference head hair
☐ Reference pubic hair
☒ Buccal swabs

Trace Evidence/Envelopes:

- ☐ Combed head hair
☐ Combed pubic hair
☐ Other: _____
☐ Other: _____

Swabs/Envelopes:

- ☐ Oral (2)
☒ Anal/Perianal (2)
☒ Vulvar/Penile (2)
☐ Vaginal/Cervical (2)
☐ Body/fingernail/Misc.
☐ Body/fingernail/misc.
☐ Body/fingernail/misc.
☐ Body/fingernail/misc.
☐ Body/fingernail/misc.

Smears:

- ☐ Oral
☐ Anal/ Perianal
☐ Vaginal
☐ Penile

Bag/Additional:

- ☐ Undergarment
☐ Tampon
☐ Sanitary item
☐ Diaper
☐ Condom
☐ Other: _____

Photograph(s) taken ☐ No ☒ YesType: ☒ Digital ☐ Colposcopic DigitalLocation(s): ☐ Body ☒ Anogenital ☐ Oral☐ Other: _____☐ Other: _____**Other Forensic Specimens or Items collected that were NOT PLACED in the Evidence Collection Kit:** ☒ No ☐ Yes☐ Toxicology (blood) ☐ Toxicology (urine) ☐ Paper Bags (number): _____ ☐ Other: _____**List Clothing or Miscellaneous Items (one article per paper bag):**

Item	Description/Condition

CHAIN OF CUSTODY INITIATED

Items released to: _____ Date/Time: _____

Items released by: _____

INVESTIGATING AGENCY INFORMATIONLaw Enforcement Contacted: ☒ Not at this time ☐ Yes

Complaint # (if any): _____

Law Enforcement Agency: _____

Officer Name: _____

Children/Adult Protective Services Report: ☐ No ☐ Yes ☒ NA

Agency/Worker: _____

MEDICAL EXAMINER INFORMATION

Examining Agency: YWCA West Central Michigan Nurse Examiner Program

Dianne Decator RN Sane-A
Signature of Other Medical Forensic Examiner1/27/2020
DateDianne Decator RN Sane-A
Printed Name of Medical Forensic ExaminerSignature of Other Medical Forensic Examiner
(if applicable)

Date

Printed Name of Medical Forensic Examiner

White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

FSD-097 (10/2015)
 MICHIGAN STATE POLICE, Forensic Science Division
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O. Authorization for Release to Law Enforcement or Storage Without Release to Law Enforcement

INFORMATION ABOUT RELEASE FOR PATIENTS (Health provider review with patient)

- You do not have to sign this release and you are not required to release the evidence kit, information, or other items listed below.
- You have the right to revoke this release at anytime, provided you do so in writing to the health provider listed below. However, once the evidence kit, information, or other items listed below have been transferred to law enforcement, the health provider can no longer get them back.
- If you decide to release the evidence kit and information listed below, it can be reviewed by the investigating law enforcement agency, the prosecuting attorney, the Michigan State Police Forensic Laboratory, or other crime laboratory. These organizations are not health care providers covered by federal health privacy regulations and are governed by other rules.
- If you decide not to release the evidence kit, this health provider is required to store the evidence kit for a minimum of one year. However, under very rare circumstances your health provider may be required by law to release the sexual assault evidence kit to law enforcement without your permission (for example, in response to a court order).
- You may ask the health provider to inspect or receive a copy of any records disclosed under this authorization.

COMPLETE AND INITIAL CHOICE A OR B

A ☐ **PATIENT WISHES TO RELEASE THE SEXUAL ASSAULT EVIDENCE KIT AND SELECTED ITEMS** _____
 (Patient Initials)

I, _____, authorize YWCA NEP
 (Name of Patient) (Name of Healthcare Facility Providing Exam)

to disclose and release the following items noted below with my initials for the purposes of criminal investigation and to assist in the prosecution of the person or persons responsible for the crime. This authorization expires one year after the date of release. Items released to the below recipients during that one year period can be used until the final adjudication of the criminal case.

I authorize the release of the following information and items: (patient initial each)

____ Sexual assault evidence kit contents and included record
 ____ Urine and/or blood for toxicology
 ____ Photographs
 ____ Clothing/Other _____

Recipients of my health and medical information and items:

- Law Enforcement Agency (name of agency if known): _____
- Prosecuting Attorney's Office for County of (name of county if known): _____
- Michigan State Police Forensic Laboratories or Other Appropriate Forensic Laboratory

OR

B ☒ **PATIENT DOES NOT WISH TO RELEASE THE SEXUAL ASSAULT EVIDENCE KIT AT THIS TIME** ED
 (Patient Initials)

- The sexual assault evidence kit will be stored until (date-minimum of one year): _____
- If you decide to release the evidence kit prior to the above date, you should contact (instructions for contacting provider): _____

SIGNATURE

The signature below documents my intent to release or not to release the sexual assault evidence kit as indicated above:

Patient Signature E D Date 01/27/2020

Parent/Guardian Signature (if required) _____ Relationship _____

Witness Signature Dianne Decator RN SANE-A Date 01/27/20

White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

Goldenrod—Patient

FSD-097 (10/2014)
MICHIGAN STATE POLICE, Forensic Science Division
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*Touch Kit
2-12-20*

D. Authorization for Release to Law Enforcement or Storage Without Release to Law Enforcement

INFORMATION ABOUT RELEASE FOR PATIENTS (Health provider review with patient)

- You do not have to sign this release and you are not required to release the evidence kit, information, or other items listed below.
- You have the right to revoke this release at any time, provided you do so in writing to the health provider listed below. However, once the evidence kit, information, or other items listed below have been transferred to law enforcement, the health provider can no longer get them back.
- If you decide to release the evidence kit and information listed below, it can be reviewed by the investigating law enforcement agency, the prosecuting attorney, the Michigan State Police Forensic Laboratory, or other crime laboratory. These organizations are not health care providers covered by federal health privacy regulations and are governed by other rules.
- If you decide not to release the evidence kit, this health provider is required to store the evidence kit for a minimum of one year. However, under very rare circumstances your health provider may be required by law to release the sexual assault evidence kit to law enforcement without your permission (for example, in response to a court order).
- You may ask the health provider to inspect or receive a copy of any records disclosed under this authorization.

COMPLETE AND INITIAL CHOICE A OR B

A ☒ **PATIENT WISHES TO RELEASE THE SEXUAL ASSAULT EVIDENCE KIT AND SELECTED ITEMS** GD
(Patient Initials)

I, E. D. [REDACTED], authorize YWCA N.E.P.
(Name of Patient) (Name of Healthcare Facility Providing Exam)

to disclose and release the following items noted below with my initials for the purposes of criminal investigation and to assist in the prosecution of the person or persons responsible for the crime. This authorization expires one year after the date of release. Items released to the below recipients during that one year period can be used until the final adjudication of the criminal case.

I authorize the release of the following information and items: (patient initial each)

☒ Sexual assault evidence kit contents and included record
☐ Urine and/or blood for toxicology
☐ Photographs
☐ Clothing/Other _____

Recipients of my health and medical information and items:

- Law Enforcement Agency (name of agency if known): Ottawa City Sheriff Dept
- Prosecuting Attorney's Office for County of (name of county if known): Ottawa
- Michigan State Police Forensic Laboratories or Other Appropriate Forensic Laboratory

OR

B ☐ **PATIENT DOES NOT WISH TO RELEASE THE SEXUAL ASSAULT EVIDENCE KIT AT THIS TIME** _____
(Patient Initials)

- The sexual assault evidence kit will be stored until (date-minimum of one year): _____
- If you decide to release the evidence kit prior to the above date, you should contact (instructions for contacting provider): _____

SIGNATURE

The signature below documents my intent to release or not to release the sexual assault evidence kit as indicated above:

Patient Signature [REDACTED] Date 2-12-20

Parent/Guardian Signature (if required) _____ Relationship _____

Witness Signature [REDACTED] Date 2-12-20

White—Medical Records

Yellow—Place in Kit

Pink—Law Enforcement

Goldenrod—Patient

#2001280065- Original Rpt
#550

Csc: Penis-Vagina/11001

Dep.Ippel

Info:

Dispatched to contact victim by phone 23yo E█████ D█████ currently at work in Grand Rapids. Victim reporting being sexually assaulted after meeting "Austin" on 01/24/20; victim had met suspect on Tinder online app.

Contact with victim:

Miss D█████ advised she was using Tinder app on phone; had agreed to meet "Austin" believed to be 25yo on 01/24/20 at 22:30hrs at the Spring Lake Orchard Market parking lot. Victim stated she had followed "Austin" back to his home at an unconfirmed location in area of "State Rd" per victim. Miss D█████ advised her intentions in meeting male was to "watch a movie and to snuggle." Victim admitted to speaking "a couple of days" prior to first meeting suspect; denied any other knowledge of male and only communicated through Tinder app.

Miss D█████ stated she followed suspect in her car and went "approx 5 minutes away." Victim recalled a white house with garage and had a basement. Victim recalled suspect drove a red Subaru when she met and followed him. Victim stated she made it clear online prior to meeting "I did not want to have sex."

Victim stated both had gone "downstairs" and she did consume only one beer;denied being intoxicated. Miss D█████ advised both began to kiss and "I was ok with that." Victim went on to state "things began to move fast after that." Victim advised sexual contact began with her performing oral sex on male and later "he came at me from behind- forced himself inside me and grabbing my throat." Miss D█████ denied be "choked in an assaultive way- advised was in aggressive sexual way." Victim denied any condom was used by suspect and did spend night in bed with suspect after sexual assault; victim stated she left suspects home early next morning approx 07:15am.

Due to being at work and on phone, victim agreed to meet deputy in person to give further details of sexual assault. Victim stated she had gone to YMCA on 01/27/20 to have sexual assault kit completed.

Action taken:

Dep. Zeerip met with victim at Spring Lake Branch and did obtain written statement from victim. Suspect later identified through updated location of suspect's residence- Austin Noel possible suspect.(Note: see Dep. Zeerip supplemental report)

SUPPLEMENT REPORT BY DEPUTY ZEERIP #1086. #20-01280065.

NATURE: CSC.

INFORMATION: I assisted Deputy Ippel with this investigation as victim, E████ D████, responded to the Spring Lake Office near shift change. Deputy Ippel received a verbal statement from E████ and she also completed a written statement with me.

CONTACT E████: While speaking with E████, she recalled that Austin had deleted their conversation on the Tinder Application the morning after the alleged assault. She recalled that Austin had also added her on Snap Chat, but she has since deleted him as a friend. She believed Austin's Snap Chat name was "A_Noel", and believed "Noel" may be Austin's last name. E████ advised the assault occurred at Austin's residence somewhere on State Rd., and described it as a modular home with a basement. E████ is from the Grand Rapids area, and is not familiar with Spring Lake. E████ advised that Austin drives a red Subaru.

I searched local records for "Austin Noel" and located an Austin Noel that resides at 15075 State Rd. I showed E████ the SOS photo of Austin Noel and she advised that he was suspect, however he currently has a beard, which he does not have in the SOS photo.

I had E████ try to drive to the address as she had followed Austin to the address after meeting at Orchard Market on Lloyds Bayou Dr. E████ described the driveway as a long driveway with multiple houses on it, however was unable to locate it. I then had her follow me to the SOS address of Austin Noel and she confirmed that ██████████ was the correct address. E████ then went home and I attempted contact with Austin.

E████ advised that she had not washed the clothing she was wearing on the night of the incident, and would be willing to drop them off at the Spring Lake Branch in the coming days.

CONTACT AUSTIN NOEL: Austin was not home when I initially knocked on his door. I reached him on his cell phone ██████████, and left a voice mail. He called me back shortly after and advised he was in class, and would be home between 2200-2300 hours. He asked me what I needed to speak with him about and I advised him we would discuss it when he returned home.

Austin called me back around 2200 hours and asked me once again what I needed to speak to him with. I told him that we would discuss it when he arrived home and he told me that he was not going answer any questions without an attorney present unless I told him what it was about. I then told him that it was involving a Tinder date last Friday night. He then stated "Yeah, I'm not going to talk about it without an attorney present".

I did confirm that Austin drives a red 2020 Subaru Forester which was parked in his driveway and registered to him.

DISPOSITION: Open, TOT DB.

Supplemental report Sgt. Kik
CSC
20 01280065

Information: Deputy Ippel took original report on CSC. Deputy Zeerip conducted additional investigation and requested garments worn by victim during assault.

Contact D[REDACTED]: D[REDACTED] came to the Spring Lake branch on 1-29-20. She brought in a bag containing panties, bra, and a sweater. I took the clothing into custody and logged into evidence locker SL7 for transfer to HQ.

Disposition:TOT DB



OTTAWA COUNTY SHERIFF'S OFFICE
2/20/20

20-01280065

**Supplemental Dictation by Detective Anderson #635
Job #186052**

SUPPLEMENTAL INFORMATION:

On January 30, 2020 I was assigned this case for additional investigation. On February 3, 2020 I received a voicemail from Attorney Tom Smith who indicated that he was retained to represent Austin Noel and that no statements would be made by Austin at this time. Attorney Smith did advise that Austin claims that this was a consensual sexual encounter.

CONTACT WITH VICTIM E [REDACTED] D [REDACTED]:

On February 3, 2020 I did call and speak to E [REDACTED] via phone. She indicated that after this incident that she had gone to the YWCA and had a sexual assault kit performed. During our phone conversation at that time she advised that she was undecided as to whether she will release that kit and information to law enforcement.

E [REDACTED] and I spoke about her Tinder account and how she set that up. She advised that she used her cell phone number to set up that account. She did advise that the messages between her and Austin were no longer available due to the fact that Austin deleted those messages and she no longer is able to view them.

SEARCH WARRANT:

On February 10, 2020 I did draft a search warrant for E [REDACTED]'s Tinder account to obtain messages between her and Austin. The search warrant was signed by Magistrate Vern Helder and was emailed to Norma Rivera at Match.com. That same day I did receive an email containing the results from that search warrant from Tinder. Those records will be added to the digital evidence storage system.

INTERVIEW WITH E [REDACTED] D [REDACTED]:

On February 17, 2020 at approximately 1452 hours I did speak with E [REDACTED] at Ottawa County Sheriff's Office Headquarters. It should be noted that this interview was digitally recorded and this is a summary of that interview. E [REDACTED] advised that she began communicating with Austin via the Tinder application and stated that they didn't communicate long via that app before meeting up. She advised that she did meet up with Austin on Friday night at the Spring Lake Orchard Market and then she followed him back to his residence.

Once at his home she stated that he offered her a White Claw which is a spiked seltzer which she took and drank. She said that they went to the basement and started looking for a movie to watch. She stated that Austin gave her the remote to pick out the movie and then he went upstairs to change into some more comfy clothing. E [REDACTED] advised that Austin came back down to the basement and she was still attempting to decide what movie to watch. She explained that she is a very indecisive person and it took her a while to select a movie. She stated that they did settle on an animated pet movie that was selected on Netflix. E [REDACTED] said that they sat on the bed and started to kiss which she was okay with. E [REDACTED] said that Austin started to get a little more aggressive which she described as him starting to touch her all over her body. She said at that point that her clothing was on.





OTTAWA COUNTY SHERIFF'S OFFICE
2/20/20

20-01280065

Supplemental Dictation by Detective Anderson #635
Job #186052

E████ said that Austin began to take her clothes off. She stated that first he took off her shirt and pants leaving her underwear and bra on. She stated that as they kept kissing that he then took the rest of her clothing off. E████ advised that Austin also took his own clothing off. E████ said that Austin stood up at which time she began to stand up as well. She stated that Austin set her back down on the bed and stated that she was then sitting on the edge of the bed. E████ said that Austin took her head and forced his penis into her mouth. E████ said that she didn't say anything and neither did he. She said that it lasted a couple minutes and then he stood her up and told her to bend over at which time she did. E████ said that Austin then stuck his penis in behind her. She clarified that his penis went in anally.

When asked if either one of them said anything E████ said that Austin told her to bend over more. E████ described that she was standing near the bed and was bent over at the waist with her hands bracing herself on the bed. After Austin asked her to bend over more she said that Austin started going harder and faster and was going back and forth. E████ said that she didn't say anything to Austin while that was happening. E████ said that she was then lying on her stomach on the bed. She said she wasn't exactly sure how she ended up there but stated that Austin was kneeling on the bed kind of over her and again put his penis in anally.

E████ said that Austin asked her if she liked it and she responded with yes. E████ told me that she doesn't know why she said yes because she didn't like it. E████ said that Austin grabbed her throat from behind while his penis was in her anus. She said that he used one hand to grab the back of her neck and his hand wrapped around the front which caused her not to be able to breathe or speak. She indicated that this lasted just a few seconds. I asked if Austin was saying anything at that time and she stated that he was just saying "fuck" a lot. E████ did say that Austin did let go of her neck.

She went on to say that she couldn't remember if she just turned over or if Austin told her to turn over or made her turn over but she said that she had turned over and laid on her back. E████ said that Austin asked her if she was on birth control and she told him that she wasn't. E████ said that Austin began rubbing his penis against her vagina but never did penetrate her vagina. She said that during this time he continued to say "fuck" a lot and she stated that she didn't say anything.

E████ said that Austin said that he wanted to come on her face. She said the first time that he said that she just stayed quiet because she didn't know what to say. She said that he asked again and she told him no. He then asked her where she wanted it and she told him on her chest because she thought it was the least invasive spot. She said that Austin did come on her chest and then stated that Austin was done and that it was done. She said that Austin went upstairs to grab towels and she just laid on the bed. She said that when Austin returned he wiped her off. E████ said that they put their clothes back on and she believed that it was approximately 12:30 or 1:00 in the morning and she stated that she was really tired and didn't feel very comfortable driving home. She said Austin also told her that her side of the bed was going to be closest to the wall and that's where she would sleep. She said after Austin told her that she thought "I guess I'm sleeping here" and when asked if she was okay with that she said she thought so.





OTTAWA COUNTY SHERIFF'S OFFICE
2/20/20

20-01280065

Supplemental Dictation by Detective Anderson #635
Job #186052

E████ said that Austin told her that he isn't one to cuddle. She stated that they turned opposite from each other and fell asleep. She said that she woke up in the morning to Austin's alarm which was around 7:00am. She said that Austin told her that he had class and he began to get ready. She stated that she gathered her belongings and as they were both getting into their cars that he gave her a kiss and then they went their separate ways.

I asked E████ if there was any communication with Austin since and she advised that while they didn't exchange phone numbers they had added each other on Snapchat. E████ advised that she did message Austin on Snapchat that Saturday following the events at his home and told him that she had a good time. E████ told me that she doesn't know why she did this because she didn't have a good time and she stated that she might have just been confused.

I asked E████ if Austin knew that she wasn't into what was happening and that she didn't want it to happen or didn't like it. E████ said she never said anything to make Austin aware of that. She said that she didn't tell him no or to stop or to get off of her she explained that she just froze. E████ said that she did whatever Austin told her to do and let him do whatever he wanted to her. I asked if she thinks Austin thought she was a willing and active participant and she said yes because she never said anything to him. E████ said that it was almost as if she was a doll. She said that she did what he said and let him do whatever he wanted to her. She said that it was like her mind turned off. She said when he grabbed her neck and throat area she didn't want to say no because she didn't know what would have happened. She said that she was afraid.

E████ said that after telling her friends what had occurred, it hit her because they told her that what happened wasn't normal and it wasn't okay. She indicated that while speaking with her friends that following Sunday they encouraged her to get checked out. She said that prior to talking to her friend she didn't really think much of the incident after it happened. E████ did talk about how deleted her from Tinder the next day which made her feel weird and suspicious. She said she wondered if he knew he did something that she didn't want or didn't like.

STATUS:

On February 18, 2020 the date of this report I am requesting that this be sent to the Prosecutor's Office for review.



Complaint # 2001280065



COUNTY OF OTTAWA
SHERIFF'S OFFICE



WITNESS STATEMENT

NAME: [REDACTED] [REDACTED] D.O.B. [REDACTED]

ADDRESS: [REDACTED]

HOME TELEPHONE: [REDACTED] WORK TELEPHONE: [REDACTED]

(Austin + I)

We met at Orchard Market on Friday 1/24/20 @ approx. 10:30 pm. I followed him to his place about 5 min away. He parked in the garage. I got out + followed him inside. He offered me a White Claw so I took it because I wanted one. We went downstairs + tried to find a movie to watch. I finished my drink + sat down on the bed next to him. We started kissing which was fine. I liked it. He started taking my clothes off. Then he took his off. We kept kissing. Then he stood up + sat me down on the bed. He told me to "suck it". I was hesitant bc I had never done that before. He took my head + forced his penis in my mouth. He stuck it so far back I gagged. I didn't know what he was

I HAVE READ EACH PAGE OF THIS STATEMENT, CONSISTING OF 1 PAGE(S), EACH PAGE OF WHICH BEARS MY SIGNATURE, AND CORRECTIONS (IF ANY) BEAR MY INITIALS. I CERTIFY THAT THE FACTS CONTAINED HEREIN ARE TRUE AND CORRECT. I ALSO DECLARE THAT I WAS NOT TOLD OR PROMPTED WHAT TO SAY IN THIS STATEMENT.

THIS STATEMENT WAS COMPLETED AT 7:30 PM ON THE 28th DAY OF January

[Signature]



#1086
WITNESS

[Signature]

[REDACTED] [REDACTED]
T PERS

Complaint # 2001280065

doing or what was happening. When that was done, he stood me up + told me to bend over. So I did. I thought he was just going to spank me but he put his penis in from behind me. I didn't know what to do. He pushed me down further onto the bed + went into me harder + further. I remember it hurting. He said "lay down" so I laid on my stomach. He stuck his penis inside me from behind again + it really hurt this time. Then he asked if I liked it. I said yes. I remember saying that because I didn't want to make him mad. I didn't know what would happen if he got mad. He was still inside me when he grabbed my throat. He was holding it so tight I couldn't speak or breathe. I remember thinking, what is happening. He let go a few seconds later + rolled me over. He asked if I was on birth control + I'm not so I told him that. He didn't have vaginal sex. But I remember he was rubbing his penis near my vagina. But he didn't go in. He wanted to ejaculate on my face he said. I didn't want that so I said no. He asked where? I said my chest bc that seemed like the least dangerous spot. So he did.

SIGNATURE OF PERSON GIVING STATEMENT:  

Complaint # 2001280065

Then he was done. he left to grab a towel.
~~I~~ I remember lying naked on the bed
thinking "what happened" + "I didn't
want this." I remember thinking that it hurt.
It was late, probably around midnight +
he had to go to bed. I was so tired. He
told me that I have the side closest to the
wall. So I climbed into bed with him +
fell asleep. We woke up at 7am the next
day + went our separate ways.
~~I~~ I noticed this next day that he had
deleted our conversation on Tinder.

SIGNATURE OF PERSON GIVING STATEMENT: 